



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

AUSTIN RADIOLOGICAL ASSOCIATION
PO BOX 4099
AUSTIN TX 78765

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

MID-CENTURY INSURANCE CO

Carrier's Austin Representative Box

Box Number 14

MFDR Tracking Number

M4-12-2239-01

MFDR Date Received

FEBRUARY 28, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient at the time of service did not provide Workers' Compensation information for billing purposes only provided his personal group insurance. This charge for date of service 6-18-10 was billed originally to the patients' personal insurance Aetna as that was the insurance he provided at the time of services. They processed our charges and paid on 7-710 and the patient made two personal payments after his group insurance. We were not aware this was work related until we received a call from [injured worker] on 4-28-11 providing us with all work com carrier information. Once we corrected this information, we submitted our claim to SORM on 5-2-11 certified send on 5-2-11 which was within the 95 day filing deadline from the date we were informed this was a workers' comp claim but still denied as past filing deadline."

Amount in Dispute: \$1,200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier declined to reimburse Requestor for date of service 06/18/10 pursuant to Texas Labor Code section 408.027(a) which requires a provider to submit its bill to the carrier not later than the 95th day after the date of service or forfeit its right to reimbursement. The 95th day from the date of service was 08/21/2010. According to the Explanation of Review, the bill was received by Carrier on 08/26/11...Further, Requestor admits that it has been paid for this date of service by the claimant's health care insurer. Therefore, Requestor does not have standing to pursue this dispute. It is the health care insurance that may pursue a dispute if it believes the service provided was for the compensable injury. However, the Requestor cannot pursue the dispute on behalf of the health care insurer without written authorization to act as the health care insurer's agent. There is no such authorization."

Response Submitted by: Stone, Loughlin & Swanson, PO Box 30111, Austin, TX 78755

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 18, 2010	Radiological Services	\$1,200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time Limit for Filing Claim/Bill has Expired.
 - RM2 – Time limit for filing claim has expired.
 - 193 – Original payment decision maintained.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. The requestor has not submitted documentation to support that they have reimbursed the claimant or the claimant's private health insurance company. Therefore, the requestor has been paid for the disputed date of service. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 5, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.